



EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)/CHILD READY MONTANA

Advisory Committee

September 29, 2014 MEETING MINUTES

9:00 AM - 3:00 PM

MEETING INFORMATION:

In person: 1400 Broadway, Cogswell Building, C207-209

Video Conference: Mansfield Center, St. Vincent Healthcare -Billings

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Guiding and providing oversight to the EMS & Trauma Section to improve outcomes in the critically ill and injured child by enhancing pediatric emergency care capabilities and promoting pediatric illness/injury prevention initiatives within our state. Committee composed of representatives from professional health care organizations, child advocate organizations, community service agencies and others vested in the care of children.

CHILD READY MT -STATE PARTNERSHIP OF REGIONALIZED OF CARE (SPROC)

The intent of the program is to develop an accountable, culturally competent, and assessable emergent care system for pediatric patients across Montana, which will result in providing the right care, at the right time, in the right place.

INTRODUCTIONS- roll call of members

Helena: Robin Vanhemelryck, FAN Chair; Dayle Perrin-Hospital Preparedness Manager; Jeannie Penner, School Nurses' Association; Jim DeTienne, EMS&Trauma Section Supervisor; Alyssa Sexton, RN, EMS&T Trauma Systems Manager; Robin Suzor, EMS For Children Program Manager; Kassie RunsAbove, Child Ready MT Program Manager; Clint Loss from MEMSA; Tina Frisch-Eblen, MHA; Shari Graham, Paramedic and EMS Systems Manager; Dr. Greg Schulte, Pediatrician (Butte) MT Academy of Pediatrics; Rebecca Corbett, Health Resources Division Representative; Joe Hansen, EMSC FAN Rep, IREC.

Billings: Andrew Goss, Billings Clinic Injury Prevention Coordinator; Crystal Gust, I HS;

Absent: Jayne Rogers, MEMSA; Vacant, Injury Prevention Coordinator; Vacant, MT DPHHS FICMR Coordinator; Representative, Children's Special Health Care Needs; Kurt Sager, Highway Patrol Representative; Karl Rosston, MT DPHHS Suicide Prevention Coordinator; Harry Sibold, MD, FACEP, State EMS Medical Director; Roger Holt, PLUK; Tara Zoanni, Dr. Salerno, St. Vincent's Health Care; Tony Fisher, I HS; Dr. Chamberlin, St. Vincent's Health Care; Dr. Doug Moore, I HS; Doris Barta, St. Vincent's Telehealth Coordinator; Lorna Dyk, St. Vincent

Healthcare; MT CTF Representative; **Gail Beckner** (HMHB); **Juanita Bueter**, Gardiner School Nurse and EMS Trainer;

The overall goal of the **EMS for Children State Partnership** program is to institutionalize pediatric emergency care within the larger EMS System. This will be accomplished through implementation of performance measure standards that assure the following are achieved:

- Nationally-recommended pediatric equipment are readily available in ambulances;
- Prehospital providers receive pediatric-focuses training regularly and frequently to assure they are prepared to manage pediatric medical and traumatic emergencies;
- Prehospital providers have access to pediatric medical direction whenever needed to assure the right care at the right time;
- Hospitals are equipped to medically-manage pediatric medical and traumatic emergencies;
- healthcare facilities have well-defined guidelines and clearly understood processes that assure the immediate transfer of children to the most appropriate facility when medically-necessary; and
- That emergency medical service for children priorities are institutionalized with the State EMS System.
- An additional goal is to ensure that family-centered/patient-centered care is part of both prehospital and hospital phases of care for all children.

The overall goal of the **Child Ready MT** is to implement a replicable regionalized system of healthcare for Montana children. Specific objectives include:

- Establishing and solidifying structure for program execution.
- Examining capabilities of each component of the healthcare system to optimize the sharing of resources.
- Developing and implementing processes to manage and treat acutely ill and severely injured children.
- Developing and implementing processes to provide pediatric specialty services for children requiring access to a higher level of service while providing clinical support and expertise that may facilitate keeping the child in the home community when the child's condition allows; and
- Facilitating access to and retrieval of clinical data to ensure safe, timelier, efficient, effective, and equitable and patient-centered care.

Copies of Agenda; Strategic Plan Handouts, Draft Pediatric Facility Recognition Criteria Reports, Guidelines for the care of Children in the Ed, and interfacility guideline toolkit handouts were distributed.

MT SPROC Report- Child Ready MT - (Kassie) Developed specific mock codes for prehospital on advice from Pediatric Intensivist (will be utilized for the MEMSA Conference on October 3.) Mock codes help teams visualize areas needing improvement. Mock codes help to show how rural Montana communities are and the need for more telehealth and triage guidelines.

Areas of concern are the lack of interfacility transfer agreements and training issues.

STRATEGIC PLANNING

Discussion of SPROC Child Ready MT Regionalization of pediatric care grant priorities and strategies 2014-2016 document lead by Jim DeTienne; Advisory Committee viewed entire document and discussed each component. Changes in verbiage in different sections were given, simplify other sections. Jim revised the document following the comments of at the June Advisory Committee meeting. The September Advisory Committee meeting discussed the 2014-2016 strategic plans in more detail.

Priority 1-collaboration- discussed regional challenges and commonalities; Plans are in the developmental phase to meet with the Regional larger hospitals to discuss the EMSC/CHILD Ready MT plans-the regions follow the referral patterns; possible opportunities at the MHA Conferences and MT Nurses Conferences.

Priority 2- assessment of existing pediatric care services-determine gaps in services using existing data sources-MHA, PLUK, CSHN, ENA?, MT APA; EMS agencies. A work group was developed to work on the family centered care-headed by Joe Hansen, Kassie Runsabove, and Jennie Penner.

Priority 3- development of pediatric system components- I HS not a separate component but included; Browning has a new neonatal abstinence syndrome component; I HS has a pediatric review; Pediatric Disaster Preparedness training in June 2015; work on building instructor infrastructure in Montana for both EMS (EPC) and Hospital (ENPC); more pediatric mock code trainings are scheduled; need to work with schools in disaster planning as well.

Priority 4- development and implementation of processes- ENPC and EPC courses; increase training and education. Issue of language translators may be an issue.

Priority 5- data and evaluation-What data is available? Emergency Department discharge data; APA transport data; EMRs, Medicaid and CHIP data-top five diagnosis; How many nurses have taken PALS? ENPC? Etc from National Data Banks. Discussed PIN Project-over 60 data points were collected-will find report. Transfer pattern data is available. Need data to show change over time. **Kassie shared the detailed data from St. Vincent's Hospital**

Priority 6-Sustainability-will discuss this further as this is the 3rd year of the 4 year grant. Funding is a priority to continuation-will not accomplish all items by year 4. Need to establish policies and procedures to ensure sustainability of pediatric readiness. Need more detailed reports of data from contractor

EMSC priorities are:

- to enhance healthcare professional pediatric education and training,**
- to develop practice and care standards/guidelines**
- to promote pediatric injury prevention initiatives**
- to assist with pediatric disaster preparedness, and**
- to develop a process to assure Emergency and Critical Care preparedness for the pediatric patient-facility recognition**

Interfacility and Facility Pediatric Recognition Criteria- is the process to identify the readiness and capability of a hospital and its staff to provide optimal pediatric emergency and critical care. Showed power point to help advisory committee members understand the EMSC performance measures (HRSA) and how they relate to the pediatric recognition criteria processes. Addresses Federal EMSC Performance Measures #74 9Facility

Recognition/Categorization System Medical Emergencies, #75 Facility Recognition/Categorization System Trauma Emergencies (measured on the percentage of hospitals recognized through a statewide or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical and trauma emergencies), #76 Interfacility Transfer Guidelines, and #77 Interfacility Transfer Agreements (specifically related to pediatric patients.) These measures are to be implemented within 5 years.

MT -1,015,165 population (approx. 2013 stats based on 2010 Census data); with over 62,423 children under the age of 5; over 188,613 kids aged 5-18 for a total of pediatric (kids) of 251,036.

Discussed the Montana Trauma Facility designation levels and criteria already established for the MT Trauma Systems-

- Regional Trauma Centers-advanced trauma care for a region;

- Area Trauma Hospital-capable of handling most traumas within service area

- Community Trauma Facility-able to provide limited emergency

- Trauma receiving facility-able to provide limited emergency care with no surgical coverage.

One comment was to have the criteria follow the Guidelines for Care of Children in the Emergency Department closer-use verbiage, etc.

MHA may be able to help with offering "incentives" to hospitals to increase pediatric readiness capabilities.

Advisory Committee members received "draft" pediatric facility recognition criteria. A work group was formed to work on the drafts to have them ready for regional meetings with hospitals in the near future. The work group consists of Robin Suzor, Kassie Runsabove, Joe Hansen, Dr. Greg Schulte, Dr. Ortiz (Colstrip), Dr. Salerno, and possibly other clinical representatives from community. Will send doodle to committee members to schedule a date to discuss the drafts.

Interfacility Transfer Guidelines and Agreements- Gave committee members handouts from the Interfacility Transfer Guidelines Toolkit to help the discussion. Will send out 2013 Montana Interfacility Transfer Guidelines document to Committee for comments. Joe Hansen will work with Robin Suzor and Kassie to update.

EMSC-updates:

Robyn (FAN Rep) reported on the National EMSC Meeting in Arlington VA and the work she is doing as a mentor for other new and continuing FAN reps across the nation. Robyn VanHemelryck, EMSC Fan Rep presented at the National EMSC FAN meeting in Arlington VA on July 29, 2014. She discussed fundamental and basic ideas on Family Reps within the EMSC structure, how they can be utilized better with projects and involvement, and supplied handouts on all those Acronyms. Montana is fortunate to have our Family Reps working on the National level to improve the care of children.

Jennie Penner gave a short update on the First Aid Guidelines for Schools (Emergency flipchart.) She will continue to work to update the guide, check with the School Nurses Association and OPI. She will report more at the December meeting.

Reported on the Emergency Pediatric Care (EPC) Course and breakout sessions scheduled on Oct 2 and 3 at the MEMSA conference-

Joe Hansen reported on the Family Centered Care Curriculum that IRECC is currently working on to increase the capacity of EMS to use family centered care. He is working closely with New Mexico EMSC/SPROC to have the training available soon. IRECC is the Intermountain Regional EMS for Children Coordinating Council (IRECC) and discussed the educational power point on family-centered care, policies, and procedures that may work in MT. The power point will be developed into an online course complete with quiz for no cost with CE Certificates. IRECC may be able to use funds to distribute the curriculum. The title is "Family Centered Care (FCC) for Prehospital Providers- Helping Families Help Us." The objectives are to define family centered care; explain the goals; how FCC can improve safety, quality of care, patient satisfaction, and outcomes; and how FCC can be implemented, barriers to implementation, action steps, scenarios, and resources.

Emergency Nursing Pediatric Course (ENPC) course-currently building the capacity for instructors to increase the educational opportunities across Montana.

Discussed the Belt Disaster Mass Casualty Event and the EMSC Connections to increase communication.

Dayle Perrin spoke on the Pediatric Surge Planning Meeting she attended in Salt Lake City Utah.

Jim DeTienne will meet with the larger hospitals as part of his town hall meetings to discuss Pediatric Readiness and Child Ready MT. He will explore possible new members during these discussions.

NEXT MEETING DATE for the EMSC/Child Ready MT Advisory Committee Meeting is scheduled for December 5 from 8-12:00 (teleconferencing available in case of inclement weather and roads.)